DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center 11805 S.W. 26 St., Miami, FL 33175-2474

Phone: (786) 315-2000

miamidade.gov/building

C2017156051

nided Thru Budget Hotary Services

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

This is for <u>revision only</u> . If	YOU ARE REQUIRED TO RI	EISSUE THE PERMIT, SEE PERMIT APPLICATION.			
(IF THIS IS A REVISION TO A ROOFING	, SHUTTER, WINDOW, FENCE, FIRE A	ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,			
Master Permit Number 20170	VIDE THE SPECIFIC PERMIT NUMBER 757924 Con	stact Name OU COLL			
Job Address 8571 SW 9	13 court Add	1555 17494 SW 83 COURT			
Contractor's Number	525156 City	3 Met Ber State 7. Zip God 3357			
Last (4) digits of Qualifier No.	Pho	ne Number (<u>1863550766) (305) 7.37065</u> 7			
Contractor's Name les Choice Constr. Description of Revision Truss					
Qualifier's Name Kensldo DeAmes tandstron revisions					
Owner's Name Kenzido I	DeArmas _				
	(Single Family or Duplex)	Commercial			
Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)					
Is this a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit? If so, or if you would like all reviews relating to original permit issued please check here					
Building	Electrical	☐ Fire			
Impact Fee	Mechanical	Planning			
Plumbing	Public Works Concurrency	Public Works			
Shop Drawing	Sign	Structural			
Zoning	Foundation to Shell (Note	to staff: use "Ĥ" for revision type)			
Environmental Services (DERM)	☐ Foundation to Complete St	tructure (Note to staff: use "N" for revision type)			
Ask C		Ach			
Signature of Owner or Owner's Agent		Signature of Qualifier			
Print Name (10400 De)	AMA	Print Name Remitted De Almas			
STATE OF FLORIDA, COUNTY OF MIA	AMI-DADE	STATE OF FLORIDA, COUNTY OF MIAMI-DADE			
Sworn to and subscribed before me this_	19	Sworn to and subscribed before me this			
day of Uly	' / 	Sworn to and subscribed before me this			
	517	day of			
by		Sworn to and subscribed before the this			
Signature of Notary Public	19 () () () () () () () () () () () () ()	day of			
		day of by			
Signature of Notary Public Print Name		day of			
Print Name (SFAL) Personally known	Cennilation And Econom	day of			
Signature of Notary Public Print Name (SEAL) Personally known or Produced Identification	Cennilation And Econom	day of			
Signature of Notary Public Print Name (SFAL) Personally known 177511 - 9115	Cennilation And Econom	day of			

EXPIRES: May 26, 2019 nded Thru Budget Notary Services

REV

TABLE OF REQUIRED REVIEWS FOR PLAN REVISIONS

PLAN REVISION DISCIPLINE REQUESTED

REQUIRED REVIEWS GENERATED

Zoning, Building, Impact Fee

Environment Services (DERM) DERM, Zoning, Plumbing

Fire, Building, Zoning, DERM

Public Works, DERM, Zoning

Building, Zoning, Fire, DERM

Structural Structural

Plumbing, DERM

Mechanical Mechanical, Fire

Sign, Structural, Building, Electrical

Electrical, Fire

Impact Fee Impact Fee

Shop Drawing Shop Drawing

Foundation to Shell All Required Reviews

Foundation to Complete Structure

All Required Reviews

Please note that a plans examiner has the authority to require additional reviews based upon his or her examination of the plans.

Miannii Dade: County Depantment of Regulatory And Economic Resources - Job Cogry

0001077511 - 9/15/2017 8:07:37 AM

REVISION-07202017.FDF

DeAmas Res. Etross shopdurg. 12 july 17

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center 11805 S.W. 26 St., Miami, FL 33175-2474

Phone: (786) 315-2000

miamidade.gov/building

C2017156058

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

	TLEASE FILL		
This is for <u>revision only</u> .	If you are require	ED TO REIS	SUE THE PERMIT, SEE PERMIT APPLICATION.
			RM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,
0-1-1-2	ROVIDE THE SPECIFIC PERM		OR THE SUBSIDIARY PERMIT)
Master Permit Number	26724	Contac	t Name WS15
Job Address 652 SW	95 car	Addres	s 1995 woscasct
Contractor's Number	1525156	City	Metto Systate 1. Zip Code 2357
Last (4) digits of Qualifier No.	6558	Phone	Number (786) 35 35 07 (4) (305) 3700
Contractor's Name CLEAL CHOIL	E CONSTRUCTION	$\mathcal{U}_{Descrip}$	otion of Revision 7055 5100
Qualifier's Name Remando	De Armos	de	295.
Owner's Name Rojugios	De Arms		}
Resident	ial (Single Family or D	uplex)	Commercial
plans will be reviewed only by the reviewed	ew disciplines indicated, aware that any error in i	and those indicating the	that all information is accurate. I understand that my required by the review agencies. (See Table of Required the disciplines required may result in the need for further ag disciplines. (Check all that apply.)
suppression permit? If so, or if	you would like all revie	ws relating	nce, fire alarm, fire sprinkler or fire to original permit issued please check here
Building	Electrical		Fire
Impact Fee	Mechanical		Planning
、☐ Plumbing	Public Works Co	ncurrency	Public Works
Shop Drawing	Sign		Structural
Zoning	Foundation to Sh	ell (Note to	staff: use 'H" for revision type)
Environmental Services (DERM)	Foundation to Co	omplete Stru	cture (Note to staff, use "N" for revision type)
			i feldell -
Signature of Owner or Owner's Agent			Signature of Qualifier
Print Name Re (NAMO)	Ara. al		Print Name Romacso de Arun
STATE OF FLORIDA, COUNTY OF	MIAMI DADE		STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me th			Sworn to and subscribed before me this
day of \Old \	2017	7	day of
by	, 10	1191	by by
Signature of Notary Public		7	Signature of Notary Public
Print Name	h	*	Print Name
Misson SEAL County Department of	I I westelleness		(SEAL)
Personally known	LOUIS C. RALLINOS MY COMMISSION # FF 21		Personally known
Personally known 0001077511 - 9/15/2017 # 07 77 or Produced Identification	EXPIRES: May 26, 20	19	or Produced Identification

Type of Identification Prof

REVISION-07202017.FDF

Type of Identification Produced _

TABLE OF REQUIRED REVIEWS FOR PLAN REVISIONS

PLAN REVISION DISCIPLINE REQUESTED

REQUIRED REVIEWS GENERATED

Zoning, Building, Impact Fee

Environment Services (DERM) DERM, Zoning, Plumbing

Fire, Building, Zoning, DERM

Public Works, DERM, Zoning

Building, Zoning, Fire, DERM

Structural Structural

Plumbing, DERM

Mechanical Mechanical, Fire

Sign, Structural, Building, Electrical

Electrical Electrical, Fire

Impact Fee Impact Fee

Shop Drawing Shop Drawing

Foundation to Shell All Required Reviews

Foundation to Complete Structure

All Required Reviews

Please note that a plans examiner has the authority to require additional reviews based upon his or her examination of the plans.

Mianni Dade: County Department of Regulatory And Economic Resources - Job Cogy

0001077511 - 9/15/2017 8:07:37 AM

REVISION-07202017.FDF